

Application for Barrier Free Design Rule Exception**133**

Michigan Department of Labor & Economic Growth

Bureau of Construction Codes & Fire Safety

Plan Review Division

P.O. Box 30255

Lansing, MI 48909

517-241-9328

www.michigan.gov/bccfs

Agency Use Only

Application Fee: \$300.00

Authority: 1966 PA 1	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
Completion: Mandatory	
Penalty: Exception will not be granted	

The Barrier Free Design Board has no authority over the federal standards contained in the Americans with Disabilities Act of 1990, 42 U.S.C. 12204.

Note: The applicant is responsible for all fees applicable to this application.

FACILITY INFORMATION				
FACILITY NAME		STREET / SITE ADDRESS		
NAME OF CITY, VILLAGE, OR TOWNSHIP IN WHICH THE FACILITY IS LOCATED			COUNTY	
CITY	VILLAGE	TOWNSHIP	OF:	
ESTIMATED PROJECT COST \$		ESTIMATED COST OF COMPLIANCE \$		
BUILDING PERMIT (To be completed by the administrative authority responsible for issuing the building permit for this project.)				
NEW BUILDING		ALTERATION		CHANGE OF USE
BUILDING PERMIT/FILE NUMBER				
IS A TEMPORARY EXCEPTION REQUESTED?		NO	YES	
PERIOD OF TIME REQUESTED?		USE GROUP	CONSTRUCTION TYPE	
PROJECT DOES NOT COMPLY WITH BARRIER FREE DESIGN REQUIREMENTS AS FOLLOWS:				
MICHIGAN BUILDING CODE SECTION(S):				
REASON FOR NON-COMPLIANCE				
NAME		ENFORCING AGENCY		TELEPHONE NUMBER (Include Area Code)
ADDRESS		CITY	ZIP CODE	FAX NUMBER (Include Area Code)
BUILDING OFFICIAL SIGNATURE (Must be an original signature)				
PROJECT ARCHITECT / ENGINEER (When professional services are required by code or law)				
NAME		MICHIGAN LICENSE NUMBER		FIRM NAME
ADDRESS		CITY	STATE	ZIP CODE
				TELEPHONE NUMBER (Include Area Code)
APPLICANT (Note: All correspondence will be sent to this address)				
NAME OF APPLICANT/APPLICANT'S REPRESENTATIVE		COMPANY NAME		SOCIAL SECURITY NUMBER* OR FEIN (REQUIRED)
ADDRESS		CITY	STATE	ZIP CODE
				TELEPHONE NUMBER (Include Area Code)
I certify that the proposed work is authorized by the owner of record. I agree to conform to all applicable laws of the State of Michigan and all information submitted is accurate to the best of my knowledge.				FAX NUMBER (Include Area Code)
APPLICANT SIGNATURE (Must be an original signature)			DATE	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Instructions for Application For Barrier Free Design Rule Exception

Facility Information: Provide all requested information. Mark the appropriate box (city, village or township) and state the name of the governmental subdivision where the project is located; not the post office location.

Building Permit: This section must be completed and signed with an original signature by the administrative authority responsible for issuing the building permit for this project. If this application is the result of a violation, previous exception, complaint or plan review by the State of Michigan, provide the appropriate permit or file number. List the reasons why an exception should be granted indicating all relative information pertaining to your request; e.g. structural difficulties, site conditions, reasonable alternative.

Project Architect/Engineer: A complete mailing address for the architect or engineer working on this project shall be entered. The services of an architect or engineer are required when compelling need is based on site, building or structural limitations.

Applicant: Provide all requested information as all correspondence will be sent to this address. Sign with an original signature and date certifying that all submitted information is accurate.

Required Submittals for Exception Process

For each separate exception, submit completed application, \$300.00 application fee made payable to the **State of Michigan** and one (1) set of drawings or dimensioned sketches showing the area for the requested exception, the surrounding site, interior layout and any structural features that support the request. Plans and specifications shall have an **original seal and signature** in accordance with 1980 PA 299. For use group changes not involving construction, plans are not required to be sealed and signed.

Upon Receipt of All Applications

A written acknowledgment will be sent to all parties listing the code sections that will be the basis for the detailed testimony at the hearing.

Under separate cover, the Office of Hearings will send a notice regarding the date, time and place of the hearing. The Office of Hearings will conduct a fact-finding hearing in accordance with the Michigan Administrative Procedures Act. From this hearing, a report and recommendation will be forwarded to the Barrier Free Design Board for final action.

U.S. Postal Service

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Plan Review Division
P.O. Box 30255
7150 Harris Drive
Lansing, MI 48909

Courier Other Than U.S. Postal Service

Michigan Dept. of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Plan Review Division
2501 Woodlake Circle
Okemos, MI 48864

Validation Area